

GUILDFORD RURAL DISTRICT.

Annual (Survey) Report

OF THE

MEDICAL OFFICER OF HEALTH

R. W. C. PIERCE,

B.Sc., M.D. (Lond.) (State Medicine)

for the Year 1925,

WITH THE

Report of the Sanitary Inspector

AMOS D. SHRIVES (Assoc. R. San. I.)

GUILDFORD RURAL DISTRICT.

ANNUAL REPORT

OF THE

Medical Officer of Health
for 1925.

To the Chairman and Members of the Council.

I beg to present to you my twenty-fifth Annual Report upon the Health and Sanitary circumstances of the District.

This Report is drawn up on the lines set out in the Ministry of Health's circular (dated December 10th, 1925) as to the contents and arrangement of the Annual Reports of Medical Officers of Health, and is this year a quinquennial "Survey" Report.

The health of the district was again satisfactory last year. The death rate was 9.3, as compared with 12.2 for England and Wales, and the infantile mortality 61, as compared with 75 for the whole country, and with 32 for the previous year. The birth rate was only 14.0. The England and Wales rate was 18.3.

There was only slight prevalence of Scarlet Fever, and only a few cases of Diphtheria.

I am,

Your obedient Servant,

R. W. C. PIERCE,

Longdown Road,

Guildford,

May, 1926.

In this Survey Report I am expected to report upon the measure of progress made during the last five years in the area in the improvement of the public health. The sources of information available to me, however, for forming a reliable estimate on this matter are very limited. The death rate, infantile mortality, prevalence and deaths from notifiable infectious disease yield only partial indications of the public health of the district, unless the rates are persistently high year after year.

The general death rate and the infantile mortality rates for the district as compared with those of England and Wales during the last five years were as follows:—

Guildford Rural District—

Death Rates: 1921 7.7, 1922 11.4, 1923 9.2, 1924 10.9, 1925 9.3.

Infantile Mortality: 1921 45, 1922 37, 1923 44, 1924 32, 1925 61.

England and Wales—

Death Rates: 1921 12.1, 1922 12.9, 1923 11.6, 1924 12.2, 1925 12.2.

Infantile Mortality: 1921 83, 1922 77, 1923 69, 1924 75, 1925 75.

Two death rates are given this year for the district, viz., the actual rate of 9.3 per 1,000 population, and the “corrected” death rate of 7.8 per 1,000. The correcting factor for the district as supplied by the Registrar-General is .837, which means that the actual death rate in the district is to that extent greater, owing to differences in the age and sex distribution of the inhabitants as compared with that of the total population of the country.

A more reliable estimate of the healthiness of a district would be furnished by its comparative sickness rates, were these available, especially those illnesses liable to be produced or aggravated by insanitary conditions, such as over-

crowding, dampness, and insufficient lighting and ventilation of dwellings. As much attention has been paid to these conditions as the time of the Sanitary Inspector has permitted. The figures for the inspection during the last five years are as follows :—

	1921.	1922.	1923.	1924.	1925.
Total houses inspected	427	130	119	98	215
Houses inspected under the Housing Regu- lations	122	26	63	50	76
Houses found not reasonably fit ...	144	88	44	45	32

The average number of houses systematically inspected under the Housing Regulations during the last five years was 67. Assuming that something less than two-thirds of the houses in the district are working class dwellings, it would take at this rate about 40 years to go systematically round the district. Now that the Sanitary Inspector has been relieved of his extra work of rent collecting and under the Petroleum Acts, he will no doubt be able to inspect at least double the number of houses. Even then it would take 20 years to get round, as compared with the generally accepted period of five years.

There is probably no surer method of improving the health of the community than by improving the housing conditions by the provision of new cottages and the improvement of old ones.

Several intimations were received again last year from the County Medical Officer of Health of sanitary defects in various parts of the District which had been reported to him by the County Council's Health Visitors. Increased inspection of the District by our Sanitary Inspector is very desirable, so that the number of these complaints, which are a reflection on the Sanitary administration of the District, may be reduced.

One other vital necessity is an improvement in the conduct of the home, especially a greater knowledge of scientific cookery and the selection of the most nutritious forms of food. To bring this about the most certain method would appear to be the devotion of a greater proportion of the time of girls in their later years at school to cookery and housewifery.

Natural and Social Conditions of the Area.

Area 53,331 acres.

Population (Census 1921), 21,879. Population, 1925 (Registrar-General), 22,010 for Birth Rate purposes, and 20,330 for Death Rate purposes.

Physical Features and General Character of the Area.

The District consists of 17 parishes, and the surface is of an undulating character, and is roughly divided into two portions by the chalk ridge known as the Hog's Back and the North Downs. To the north of this ridge the subsoil is London clay, and further north the different layers of the Bagshot sand, together with considerable areas of alluvium and gravel along the course of the River Wey, which drains the District. South of the Downs the subsoil is mainly lower greensand, with some Atherfield clay in Artington and Compton.

Number of inhabited houses, 1921, 4,453.

Number of families or separate occupiers, 1921, 4,648.

According to the 1921 Census Returns there were 59 families, consisting of 108 persons, living in one room; 220 families, consisting of 542 persons, living in two rooms; and 431 families, consisting of 1,457 persons, living in three rooms.

Rateable value, October 1925: £170,657.

Sum represented by a penny rate: £650.

The district is almost entirely of an agricultural and residential character. The only works of any size are Drummonds' Engineering Works in Worplesdon Parish and a large Tannery at Gomshall. There are also a few Brick Works and Sawmills in the district.

The amount of outdoor relief for the District last year amounted to £2,625, and the average number of persons maintained in the Guardians' Institution from the whole of the Guildford Union was 324.

Vital Statistics.

Births: Legitimate—Male 159, Female 139; Total 289. Illegitimate—Male 7, Female 4; Total 11. Birth rate 14.0.

Deaths, civilians only: Male 96, Female 93; Total 189. Death rate 9.3; corrected, 7.8 per 1,000 population (i.e., corrected for age and sex distribution).

Number of women dying in or in consequence of Childbirth: From Sepsis, none; from other causes, none.

Deaths of infants under one year of age (per 1,000 births): Legitimate 57, illegitimate 181; total 61.

Deaths from Measles (all ages): None.

Deaths from Whooping Cough (all ages): Four.

Deaths from Diarrhoea (under two years of age): None.

England and Wales Rates, 1925: Birth Rate 18.3, Death Rate 12.2, Infant Mortality 75.

Guildford Rural District: Birth Rate 14.0, Death Rate 9.3, Infant Mortality 61.

The corresponding rates for certain neighbouring districts were as follows :—

	Birth Rate.	Death Rate.	Corrected Death Rate.	Infant Mortality.
Chertsey Rural ...	14.1	9.0	8.5	24.3
Dorking Rural ...	14.6	10.0	7.8	20.0
Epsom Rural ...	12.6	8.9	8.1	47.0
Reigate Rural ...	14.3	10.1	8.7	36.0
Hambleton Rural ...	13.4	12.4	—	41.8

The other deaths recorded in the district were from the following causes :—

Diphtheria	...	...	...	1
Influenza	...	...	...	7
Meningococcal Meningitis	...	...	...	1
Pulmonary Tuberculosis	...	...	...	11
Cancer	...	...	...	32
Diabetes	...	...	...	4
Cerebral Hæmorrhage, etc.	...	...	...	8
Heart Disease	...	...	...	25
Arterio-sclerosis	...	...	...	4
Bronchitis	...	...	...	9
Pneumonia (all forms)	...	...	...	11
Other Respiratory Diseases	...	...	...	2
Ulcer of Stomach	...	...	...	1
Cirrhosis of Liver	...	...	...	2
Bright's Disease	...	...	...	5
Congenital Debility and Malformation, Premature Birth	...	...	...	11
Suicide	...	...	...	1
Other Deaths from Violence	...	...	...	5
Other Defined Diseases	...	...	...	46

The number of deaths (189) compared with 220 in 1924, 197 in 1923, and 230 in 1922. The decrease in the number of deaths was chiefly due to fewer deaths from Influenza, Heart Disease, and Cerebral Hæmorrhage.

Cancer has shown an increase during recent years, as in the rest of the country. During 1914-19 there was an average of 19.5 deaths, equal to about 1.02 per 1,000. For 1920-5 there

was an average of 28, equal to 1.27 per 1,000. The England and Wales rates during the corresponding periods were 1.17 and 1.23 respectively per 1,000 population.

General Provision of Health Services in the Area.

Hospitals Provided or Subsidised by the Local Authority or by the County Council.

(1) *Tuberculosis*.—The only hospital is the County Branch of the Royal Alexandra Hospital for Children suffering from Hip Disease, which is situated at East Clandon, and to which children are occasionally sent from the district.

(2) *Maternity*.—There are none in the district; but one has been opened by the County Nursing Association at Redhill, to which occasional cases are sent from the District.

(3) *Children*.—The only one is that at East Clandon above mentioned.

(4) *Fever*.—A Hospital is provided by the Guildford, Godalming, and Woking Joint Hospital Board at Woodbridge, Guildford, and contains 72 beds on the basis of the Ministry's standard of floor space, viz., 44 for Scarlet Fever, 22 for Diphtheria, and 6 for Typhoid.

Below is a list of the cases admitted to the Board's Hospital from the various districts last year.

Admissions to Hospital during 1925 :—

	Sc. Fever.	Diph.	Typhoid.	Total.	Proportion per 1000 pop.	Deaths.
Guildford Rural Dist.	21	4	0	25	1.14	—
Guildford Borough	14	25	0	39	1.57	—
Godalming Borough	14	3	0	17	1.85	1 Diph
Woking Urban Dist.	26	64	0	90	3.67	1 Diph
Hambledon Rural Dist.	31	3	0	34	1.47	—
Totals	106	99	0	205	1.98	2 Diph

Nine cases were found after admission not to be suffering from the disease for which they were sent in, viz., 4 Diphtheria and 1 Scarlet Fever from Woking, 1 Scarlet Fever each from Hambledon, Guildford Rural, and Godalming, and 1 Diphtheria from Guildford.

Tracheotomy had only to be performed on one case, the patient making a complete recovery.

The following table shows the admissions during the past ten years :—

	Guildford Rural District.	Borough of Guildford.	Borough of Godalming.	Woking.	Hamble- don.	Totals.
1916	29	25	25	31	—	110
1917	12	17	16	28	—	73
1918	13	36	22	27	1	99
1919	29	14	13	28	11	95
1920	45	45	12	56	56	214
1921	51	103	24	68	49	295
1922	28	66	19	36	61	210
1923	50	43	11	66	69	239
1924	30	16	6	80	65	197
1925	25	39	17	90	34	205
	<hr/> 312	<hr/> 404	<hr/> 165	<hr/> 510	<hr/> 346	<hr/> 1737

The rates of admission for the ten years work out as follows per 1,000 population :—

Whole District (excluding Hambledon)	18.1
Guildford Rural District	... .. 15.5
Guildford Borough	... .. 16.7
Godalming Borough	... .. 18.3
Woking	... .. 21.7

Four hundred swabs from patients in the Hospital were examined by me during the year—the great majority being from the noses and throats of Diphtheria convalescents before discharge.

The average stay of Diphtheria cases last year was $49\frac{1}{2}$ days.

The average detention of Scarlet Fever patients was 60 days, as compared with 51 days for the years 1919-23 inclusive. The average day of disease on which the Scarlet Fever cases were admitted was 4.6 during the same period.

The Fever Hospital at Woodbridge, Guildford, consists of four permanent blocks and two temporary blocks. One permanent block of 22 beds with two single-bedded side wards is of up-to-date construction, and is used as an acute Scarlet Fever ward, the convalescent cases being accommodated in a large block of wood framing and asbestos lining, purchased after the war from the War Department.

Two of the other permanent blocks and a Humphreys Iron Building are used for Diphtheria cases. The block for acute cases is small, and although designed for eight cases has to accommodate twelve. The cases soon overflow into the second block of seven beds (designed for five), which renders the nursing more difficult and expensive. There are no small wards provided for complicated cases or those requiring isolation for other reasons, which, of course, is a great drawback.

Plans were prepared before the war for a new and thoroughly up-to-date ward for Diphtheria cases, with four single-bedded wards, but it was thrown out, both then and after the war, for reasons of economy.

Plans had also been prepared for a verandah to the Scarlet Fever pavilion which would admit of more open-air treatment of the cases, with consequent shortening of the period of stay and curtailment of expense, but this was also thrown out.

The accommodation of the Hospital is therefore of an indifferent character, more especially for Diphtheria cases.

(5) *Small Pox*.—A hospital of 10 beds is provided by the Joint Board at Whitmoor Common, Worplesdon.

A suggestion by the County Council that this Hospital should be closed and the District merged in the area of the Surrey Small Pox Hospital Committee was, after consideration by the constituent authorities, negatived.

Another hospital of 22 beds, which is capable of extension, is provided near East Clandon by the Surrey Small Pox Hospital Committee for cases of Small Pox arising in the other parts of the County.

(6) *Others*.—The Royal Surrey County Hospital at Guildford (123 beds) is centrally situated for the district, although the accommodation has often proved to be inadequate. In spite of the additional ward accommodation and new outpatient department (costing £30,000) opened in 1923, the bed accommodation appears to be still very inadequate.

There is no local institution (other than the Infirmary) for unmarried mothers, illegitimate infants and homeless children. Urgent cases are sent by the County Council to the Waltham House Hostel for Unmarried Mothers at Epsom.

Ambulance Facilities.—(a) For infectious diseases the Joint Hospital Board possesses two motor ambulances for ordinary cases of infectious disease, and a horse ambulance for any cases of Small Pox that may arise.

(b) For non-infectious and accident cases the district is well served by the Guildford Branch of the St. John Ambulance Association, which has two excellent motor ambulances in use, largely for conveying patients to the County Hospital, Guildford, and elsewhere.

Clinics and Treatment Centres.—Maternity and Child Welfare Centres (for Consultations) provided by the County Council are held fortnightly at Peaslake (Shere parish), Merrow, Send, and Ripley, and at which one of the County Assistant Medical Officers attends.

There is also a Centre held weekly in the Borough of Godalming, available also for residents in the surrounding parishes, and a few mothers and babies attend the Borough of Guildford Centre by arrangement.

There are no Day Nurseries in the district.

A School Clinic is provided by the County Council in Godalming, which is available for children from the adjacent parts of the Rural District. Children from the rural areas around Guildford are treated at the County Council Dispensary in Farnham Road, Guildford, and at the County Hospital.

A Tuberculosis Centre for the district is conveniently situated at Farnham Road, Guildford, and is maintained by the County Council. The Tuberculosis Officer attends every Wednesday and Friday morning.

The County Council also provides a Venereal Disease Clinic at the County Hospital, Guildford, for men and women every Tuesday evening.

Public Health Officers of the Local Authority.

Medical Officer of Health—R. W. C. Pierce, M.D. (State Medicine) B.Sc. (Lond.), D.P.H. (Camb.); who holds other Public Health appointments.

Sanitary Inspector—A. D. Shrives, Assoc. R. San. I., Special Certificate in Meat Inspection.

Mr. Shrives acts also as Petroleum Inspector for the Council, and also as Supervisor and Rent Collector for the 92 cottages built by the Council, but is to be relieved of both these duties in March 1926.

Professional Nursing in the Home. (a) General. (b) For Infectious Diseases, e.g., Measles, etc.

The whole of the district is well served by the Nurses employed by the various District Nursing Associations. All these Associations are affiliated to the County Nursing Association, which is partly subsidised by the County Council.

The services of the District Nurses (who also act as Midwives) are available up to their capacity for the nursing of cases of Pneumonia following Measles and Whooping Cough, and the County Nursing Association have promised to provide additional help, if available, at the expense of the District Council.

The County Council also allow their Health Visitors (of whom there are four partly engaged in the Rural District) to visit cases of Measles and Tuberculosis.

Midwives.—There are no midwives employed or subsidised by the District Council.

Seventeen midwives gave notice to the County Council (the Local Supervising Authority) of their intention to practise during 1925, which is three more than in 1924.

The County Nursing Association, whose headquarters are in Guildford, are also engaged in the training of midwives, with the aid of a special grant from the County Council.

Laboratory Work.

Fifty-six swabs from suspicious cases of Diphtheria sent by Medical Practitioners, or taken by myself in the course of investigating the origin of notified cases, were examined by me during the year, as compared with 65 in 1924 and 54 in 1923; also fourteen specimens of sputum from suspected cases of Tuberculosis sent by Medical Practitioners, as compared with 11 in 1924 and 1923.

Fifty-nine samples of water or effluents, and 2 samples of rag flock, were examined in the Council's laboratory, as compared with 61 in the previous year.

Twenty samples of water from the mains of the Public Water Companies were examined bacteriologically or chemically (or both). All but one were very satisfactory.

Thirty-one samples of well water and three of rain water supplies were examined, of which 14 samples of well water and 1 of rain water were unsatisfactory. The samples were taken by the Inspector in consequence of complaints, or with a view to the granting of water certificates, or from proposed dairies for registration purposes.

Four samples of effluents from the Gomshall Tannery were also examined, all being of satisfactory quality, but difficulty was experienced in obtaining proper samples of the effluent owing to the outlet pipe being partly submerged in the stream.

Both samples of rag flock taken at the Eashing Mills came up to the required standard of cleanliness.

Legislation in Force.

List of Adoptive Acts, Bye-Laws, and Local Regulations relating to the Public Health in force in the district, with date of Adoption.

Infectious Diseases (Prevention) Act, 1890; December 20th, 1890.

The Public Health Acts Amendment Act, 1890, Part III.; December 20th, 1890.

The Public Health Acts Amendment Act, 1907, Parts IV. and X., dealing with Infectious Disease and Bathing Places, adopted July, 1911; also Part IX. (Sky Signs), adopted February, 1912.

Building Bye-laws, up to last year, were in force only in three parishes, viz., Artington and Pirbright, adopted July 28th, 1908; and Godalming Rural (part of), adopted November 26th, 1901. The Rural code of Building Bye-laws were, however, adopted for the whole of the district in 1923.

Bye-laws dealing with Tents, Vans, and Sheds are in force, which were adopted on October 25th, 1904.

Regulations with respect to Dairies, Cowsheds, and Milkshops were adopted on June 30th, 1903.

Bye-laws with respect to Slaughter-houses were adopted for eight parishes on January 2nd, 1912.

Sanitary Circumstances of the Area.

Water Supply.—Public supplies are available in every parish, and mains are laid to every considerable group of houses, except in the case of Eashing and Shackleford, both in Godalming Rural Parish.

Several important extensions of mains have been brought about by the Council during the last 15 years, and special attention has been paid to the purity of water in shallow wells.

The northern part of the district is supplied by the Woking Water Company.

The southern part of the district is supplied as follows :—

Artington—Mains of Guildford Corporation.

Godalming Rural and Compton—Mains of Godalming Corporation.

Puttenham—Wey Valley Co.

Shere (north)—Private Works of Mr. R. A. Bray.

Shere (south)—Hurtwood Water Co.

Albury—Private Works of the Duke of Northumberland.

The supplies are in each case constant. Samples are periodically analysed in the Council's Laboratory, chemically and bacteriologically.

The water supplied by the Woking Water Co., the Guildford Corporation, and the Wey Valley Co. are derived from the chalk—the last-named being softened with usually excellent results. A sample, however, taken in October was found to be only slightly softened, and the Company were written to on the matter. The remaining supplies are from the lower greensand.

During the last five years the Woking Water Company have extended their mains in different parishes of their area to the extent of 12,409 yards, made up as follows: Worplesdon 716, East Horsley 8,438, Merrow 480, Pirbright 150, Send and Ripley 2,189, West Horsley 436 yards.

During 1921-25 72 old houses were connected with the Companies' mains.

In the case of the great majority of houses, the supply is carried indoors, but a good many are still supplied from standpipes close by.

The water supplied by the Godalming Corporation is chlorinated. Occasional complaints have been received of a deposit of a little iron rust in the water supplied from one of their wells, but with this exception their supplies have been quite satisfactory.

Rivers and Streams.—The Inspectors of the Thames Conservancy carefully watch the streams against pollution. Complaints were received from them of the pollution of a small brook by the drainage from a group of twelve Council houses, built a few years ago at Wood Street, which is on clay. Expensive new purification works have since been carried out.

One other complaint of the pollution of a ditch at Pitch Place was received.

Complaints from other sources have been received during the year of pollution of the Tillingbourne stream by the effluents of the Gomshall Tannery Company, who have insufficient ground for the thorough purification of their effluent before its discharge into the stream. Legal action by the Thames Conservancy is impending, and another application has been received from the Company for the admission of their effluent into the sewers.

Drainage and Sewerage.—Public sewerage systems exist only in Shere (north ward), Ripley, and George Street Godalming Rural. Several other houses on the confines of Godalming Borough drain into the Borough sewers by arrangement.

There are private installations for the purification of sewage from houses on the respective estates in the villages of Compton and Merrow.

A request from some of the inhabitants of the south ward of the parish of Shere for a sewerage system was received and considered last year, but, as it was estimated to cost £13,000, it was not proceeded with.

Closet Accommodation.—With the exception of the villages which are sewered and two roads at Merrow which have hand-flushed water closets, the pail system is general in cottages throughout the district. The old pit privies have been gradually and, for the most part, converted. As the whole district has not been systematically inspected it is impossible to state how many are still in use.

Scavenging.—The Council undertake the scavenging of house refuse at George Street, Farncombe, Albury and Shere, through contractors.

The Council have also provided a motor cesspool emptier for the use of the parish of Shere, where cesspools of houses inaccessible to the sewer are emptied free of cost every three months, or more frequently on payment.

A voluntary system of dry and wet scavenging is in force at Merrow, and a cesspool cart provided by the Council is available for the village of Pirbright on request.

Movable ashbins are asked for in the case of the comparatively few houses in the district which are without sufficient garden area to dispose of their refuse directly.

Sanitary Inspection of the Area.

Report of the Sanitary Inspector under Article XIX. of the Sanitary Officers' Order, 1922.

Number and Nature of Inspections Made.

Complaints, Diseases, etc.	...	...	...	215
Re-visits to works in progress	...	...	...	289
Under Section 17, Housing Act, 1909	...	...	...	76
Dairies, Cowsheds, and Milkshops Order	...	...	...	153
Bakehouses and Workshops	...	...	...	19
Slaughterhouses and Retail Shops	...	...	...	45
Tents, Vans and Sheds	...	...	...	12
Public Health (Water) Act, 1878	...	...	...	133
Visits re samples of Milk	...	...	...	68
Total	...	...	...	1,010

Notices.

Statutory Notices served	...	...	...	24
Preliminary Notices served	...	...	...	137
				161

Result of Notices.

Statutory Notices complied with	...	...	...	19
Statutory Notices in abeyance	...	...	...	5
Preliminary Notices complied with	...	...	...	122
Works proceeding	...	...	...	35
				161

Factory and Workshop Act, 1901.—The Sanitary Inspector visited 19 workshops and 4 workplaces last year; three written and five verbal notices were necessary. Seven of these were for want of cleanliness and one for insufficient sanitary accommodation.

Schools.—The great majority of the Schools in the district have been in existence for a great many years, and only four of modern type have been erected within recent years. Water from the mains is laid on in each case, and the pail closet system is mostly in use, with water closets in some cases.

When sanitary defects are noticed verbal intimations to the Head Teachers are given by me when visiting, with a letter to the Managers where necessary. As, however, the supervision of the sanitary accommodation of School premises is part of the duty of the County Assistant Medical Officers, there is in this matter also the usual unsatisfactory dual control.

No Schools were closed last year for infectious disease in view of the directions of the Board of Education that this measure should not be resorted to save under exceptional circumstances. The Board state that "School closure may generally be regarded as an indication either of failure to make proper use of the more discriminating and scientific method of excluding individual children, or of inadequate co-operation between the Public Health and the School Authorities."

With regard to the former cause, it may be mentioned that, in the case of Measles, children from infected houses are allowed to attend mixed departments (even if they have never had measles) by the rules of the Surrey Education Committee, and the District Medical Officer has only power to exclude any child by the laborious process of obtaining in each case the signature of two members of his Council to authorise the exclusion.

With regard to the co-operation between the County Education Committee and the Public Health Authority, a scheme has until recently been in operation in Surrey whereby the District Medical Officer acted as Assistant School Medical Officer for certain purposes, including School closure and exclusion of scholars, but this scheme of co-operation has recently been terminated. The control of infectious diseases in Schools, therefore, in this district rests for all practical purposes in the hands of the County Council.

Housing.

General Housing Conditions in the area; Overcrowding, Fitness of Houses, etc.

The general housing conditions in this District would probably be about the average for a rural district in this part of the country.

Comparatively little building took place just before, and of course during the war, and there are a large number of old cottages which, owing to inadequate attention, are falling into serious disrepair. There are probably some hundreds of cottages which would not come up to the standard of being "in all respects reasonably fit for human habitation."

There is undoubtedly still a general shortage of cottages throughout the district, in spite of the new houses built by the Council. A large number of bungalows or small villas have been built since the war, but these are beyond the means of the rural worker.

Cases of overcrowding frequently come to the knowledge of the Sanitary Inspector, but in the absence of systematic inspection it is impossible to give a reliable estimate of its extent. It is needless to add that when found the greatest difficulties are experienced in abating the overcrowding.

In 1921, 59 families of 108 persons lived in one room; 220 families of 542 persons in two rooms; and 431 families

of 1,457 persons lived in three rooms. There is no reason to think that the present-day figures are more favourable.

Dampness and general dilapidation are the prevailing defects. There are several houses scattered throughout the district with an absence of through ventilation.

There can be no doubt but that the defects are largely due to the lack of proper management and supervision by owners. Some careless and dirty tenants must also bear their share of the blame.

The Council have already built 148 houses (40 parlour and 108 non-parlour) in nine of the 17 parishes in the District, and schemes are on foot to build, under the 1923 act, twelve cottages at East Clandon (for East and West Clandon), twelve at Merrow, twelve at Pirbright; and three additional houses at Puttenham and six at Shere on existing sites. In consequence of the disposal a few years ago of the sites acquired at Merrow, Clandon, and Pirbright, great difficulty has been experienced in acquiring fresh sites. A site for the Merrow houses has not yet been selected, owing to the unwillingness of owners to sell or to the high prices asked.

Of the cottages built, 92 were erected under the Housing (Assisted Schemes) 1919 Act, and 56 under the Housing Act, 1923.

The rents charged (exclusive of rates and water charges) for the parlour houses are from 9/- to 11/- weekly, and for the non-parlour 6/6 to 8/-.

The highest rents of 11/- and 8/- only apply to the cottages built on the outskirts of Guildford.

There is estimated to be a deficiency of £245 for the six months ending September, 1926, on the 56 cottages built under the 1923 Act, after allowing for the Exchequer contribution.

A modification of the existing rent scheme comes into operation on April 1st, 1926, by which an allowance of six-

pence is made for each child under school leaving age after the first two, and an extra charge of ninepence for each room sub-let, which must not exceed 3/- per room unfurnished, and 4/- furnished.

Sites of two acres each are still in the possession of the Council, viz., those at Ripley (where only twelve out of the contemplated 24 have been built), and at Clasford, in Worplesdon parish. In view of the continued shortage, the difficulty of obtaining sites at a suitable price, and the possible withdrawal or modification of the subsidy next October, it appears to be very desirable for the Council to take steps without delay to utilise the above sites.

In the case of the groups of houses already built, there were, except in perhaps one or two instances, several unsatisfied applicants, and complaints have been received from some would-be tenants that they were unsuccessful. This fact alone indicates that a scarcity still exists.

The Council's scheme, formulated in 1919 for the whole district, provided for the erection of 266 cottages, of which the local landowners undertook to erect twelve, viz., six at East Clandon, and six at Ockham. This scheme was as follows :—

Parish of Shere—42 (18 built, 6 projected).

Albury—10 (none built).

Artington—12 (12 built).

Compton—16 (12 built).

Godalming Rural—24 (16 built).

Wanborough—6 (none built).

Worplesdon—48 (36 built).

Send and Ripley—36 (26 built).

East Horsley—4 (none built).

West Horsley—18 (12 built).

Puttenham—12 (10 built, 3 projected).

East and West Clandon—12 (12 projected).

Merrow—12 (12 projected).

Pirbright—8 (12 projected).

There is therefore still a deficiency of 71 cottages on the original scheme, exclusive of the schemes in hand.

A proposal was received from a landowner in the District with a view to the improvement of old cottages and to preventing their acquisition for the purpose of forming week-end cottages (a custom which has been very prevalent in the district), that the Council should purchase from time to time, as favourable occasion offered, cottage property, remodel the dwellings and manage them.

It was stated that the number of cottages built in that parish up to date (18) was less than the number of cottages which in recent years have been converted into dwellings for persons of another class.

He offered to sell 18 cottages as an experiment at the price agreed for purposes of Estate Duty, plus cost of recent repairs. The cottages in question were inspected and reported upon by the Council's officers, and also inspected by members of the Council, but ultimately the proposal was not accepted on the ground of the cost of the necessary alterations and repairs.

Bye-laws.—Building bye-laws based on the Rural Code are in force throughout the District.

Although bye-laws are in force dealing with Tents, Vans and Sheds, great difficulties have been experienced in dealing with the temporary encampment of gipsies on the many commons in the District.

Housing Statistics for the Year 1925.

Number of new Houses erected during the year :—

(a) Total	...	...	...	...	...	133
(b) With State assistance—						
By the Local Authority	...	...	...	...	...	6
By other bodies or persons	...	...	...	...	...	127

I. *Unfit Dwelling Houses.*—

Inspection—(1) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts)	215
(2) Number of dwelling houses which were inspected and recorded under the Housing (Inspection of District) Regulations, 1910...	76
(3) Number of dwelling houses found to be in state so dangerous or injurious to health as to be unfit for human habitation	3
(4) Number of dwelling houses (exclusive of those referred to under the preceding sub-heading) found not to be in all respects reasonably fit for human habitation ...	32

II. *Remedy of Defects without Service of Formal Notices.*

Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their officers	121
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III. *Action under Statutory Powers.*

A.—Proceedings under Section 3 of the Housing Act, 1925	Nil
B.—Proceedings under the Public Health Acts—	
(1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied	24
(2) Number of dwelling houses in which defects were remedied—	
(a) By owners	19
(b) By Local Authority in default of owners	Nil

C.—Proceedings under Sections 11, 14 and 15 of the Housing Act, 1925—

(1) Number of representations made with a view to the making of Closing Orders ...	1
(2) Number of dwelling houses in respect of which Closing Orders were made ...	1
(3) Number of dwelling houses in respect of which Closing Orders were determined, the dwelling houses having been rendered fit	5
(4) Number of dwelling houses in respect of which Demolition Orders were made ...	Nil
(5) Number of dwelling houses demolished in pursuance of Demolition Orders ...	Nil

Inspection and Supervision of Food.

(a) *Milk Supply*.—The number of persons on the Dairies Register at the end of the year was as follows: Cowkeepers 58, Cowkeepers and Retailers 78, Purveyors only 8; Total 144, an increase of 7 over the previous year.

The supervision of the Cowsheds and Dairies is carried out by the Sanitary Inspector, who paid last year 153 visits. He has authority at any time to call in the Council's Veterinary Surgeon, Mr. J. H. Shepherd, F.R.C.V.S., if he has reason to suspect the condition of the cattle in any herd. It was only found necessary to call him in on one occasion last year to examine a cow found in a very emaciated condition, which, after separation for a time from the rest of the herd, recovered.

The Sanitary Inspector was granted five days' leave of absence to attend the lectures and demonstrations in the production of clean milk held at Reading in December.

Two dairies continue to supply Certified Milk under license from the Ministry of Health, and one distributor's

license was renewed by the Council to a dairyman in Godalming Rural Parish.

Milk Examinations.—With a view to improving the standard of cleanliness and purity of the milk produced in their District, the Council decided in July, 1923, to submit about 50 samples per annum for examination for dirt and pus by microscopical examination and calculation of number of bacteria present, and also for the presence of Tubercle bacilli by the delicate animal inoculation test. Last year 34 samples were collected by the Sanitary Inspector and taken next morning in an ice-cooled box to the Clinical Research Association for examination.

The temperatures of the samples, as delivered at the laboratory, ranged from 2.5 deg. C. in November to 5.0 deg. C. in July. The milks collected in the afternoon are kept in the ice box overnight, and delivered in London next morning. This ensures that at any rate no appreciable increase in the number of germs takes place between the times of collection and examination, and it is quite possible that it may effect a reduction.

Tubercle bacilli were absent from all of the samples.

No less than 23 of the 34 had less than 30,000 bacteria per cubic centimetre, which is the maximum number allowed in "Certified Milk."

All of the 34 had under 200,000, which is the maximum number allowed in Grade A. milk.

A still better test of cleanliness is the absence of *Bacillus Coli*, which is present in large numbers in cow dung.

In 23 samples it was absent from 1/10th cubic centimetre.

In 9 samples it was present in 1/10th ,, ,,

In 1 sample it was present in 1/100th ,, ,,

In 1 sample it was present in 1/1000th ,, ,,

(A cubic centimetre is equal to about 20 drops.)

By this test also the samples submitted came out very satisfactorily. 23 of the 34 came up to the standard of Certified Milk (no *Bacillus Coli* in one-tenth cubic centimetre), and 32 of the 34 up to the standard of Grade A milk (no *Bacillus Coli* in one-hundredth cubic centimetre).

Taking both standards for the Graded Milks together, 23 came up to the standard of "Certified Milk," and 32 of the 34 up to the "Grade A." milk standard, leaving only 2 samples below both standards. These results for samples of ordinary milk were very satisfactory.

It must, however, be noted that, owing to the difficulty in a scattered area of collecting samples during distribution, the great majority of the samples were taken at the cowsheds or dairies soon after milking time, so that the milk had not been subjected to the usual contamination to which milk is exposed during transit and distribution. This would greatly affect the number of bacteria, but not, of course, the presence or absence of Tubercle bacilli.

(b) *Meat*.—Meat Regulations, 1924. Due notice was given to all traders by advertisement and by sending them copies of the Regulations, accompanied by a letter inviting them to co-operate with the Council so that the Regulations might be duly carried out. Printed notices were also provided by the Council requesting customers not to handle meat before purchase.

Notices of days and hours of slaughtering are sent to the Sanitary Inspector's office, and the slaughter-houses are visited by him on these occasions as far as possible.

During the year one whole carcase and organs of an ox weighing 84 stone, and affected with Tuberculosis, was surrendered, one hind quarter of beef, 102 lbs., which was undergoing putrefaction, and one kit of putrefying fish.

Bad meat and diseased animals are usually disposed of at the licensed knacker's yard in the parish of Artington.

<i>Slaughterhouses.</i>		In 1920.	In Jan. 1925.	In Dec. 1925.
Registered	...	8	8	8
Licensed	...	1	1	1
		<hr/>	<hr/>	<hr/>
		9	9	9
		<hr/>	<hr/>	<hr/>

There are five retail butchers' shops in the district, in addition to those connected with the above slaughterhouses.

Other Foods.—Bakehouses were visited on 19 occasions last year by the Inspector, and are kept in a sanitary condition.

Sale of Food and Drugs Acts, etc.—These Acts are administered by the County Council in this area, but the County Medical Officer has supplied me with particulars of the samples taken during 1925.

				Number of Samples.	Adulter- ated.	Prosecu- tions.	Convic- tions.
Milk	...	...	...	61	13	8	2
Butter	...	...	...	6	—	—	—
Lard	...	...	...	1	—	—	—
Margarine	...	...	...	1	—	—	—
Confectionery and Jam (informal)	...	...	...	1	—	—	—
Other Articles (1 informal)				3	1 (inf.)	—	—
				<hr/>	<hr/>	<hr/>	<hr/>
Totals (2 informal)	...			73	14	8	2
				<hr/>	<hr/>	<hr/>	<hr/>

The number of samples taken in the District last year compared with 62 in 1924, 58 in 1923, and 18 in 1922.

Prevalence of and Control over Infectious Diseases.

Forty-six cases of notifiable disease (other than tuberculosis) were reported last year, as compared with 77 in 1921, 43 in 1922, 69 in 1923, and 43 in 1924.

Diphtheria antitoxin is supplied free by the Council, and can be obtained from local chemists.

Swabs from suspicious throats and sputum from suspected cases of Phthisis are examined by the Medical Officer of Health. Particulars of last year's work have already been given under "Laboratory Work."

The extent to which school intimation of non-notifiable infectious diseases are utilised is referred to under "Schools."

Disinfection of bedding is carried out after the chief infectious diseases, including Tuberculosis, by removal to the Isolation Hospital, and the premises disinfected by formalin spray by the Sanitary Inspector.

Notifiable Diseases during the year.

			Total Cases Notified.	Cases admitted to Hospital.	Total Deaths.
Diphtheria	...	...	9	4	2
Scarlet Fever	...	...	29	21	—
Pneumonia	...	...	4	—	11
Other Diseases generally Notifiable—					
Encephalitis	...		2	—	—
Poliomyelitis	...		1	—	1
Erysipelas	...		1	—	—

TUBERCULOSIS.

Age Periods.	NEW CASES.				DEATHS.			
	Pulmonary.		Non- Pulmonary.		Pulmonary.		Non- Pulmonary.	
	M.	F.	M.	F.	M.	F.	M.	F.
0	—	—	—	—	—	—	—	—
1	—	—	—	1	—	—	—	—
5	—	—	1	—	—	—	—	—
10	—	—	—	—	—	—	—	—
15	—	—	—	1	—	—	—	—
20	—	3	—	—	—	2	—	—
25	2	—	—	—	1	1	—	—
35	1	3	—	—	—	2	—	—
45	1	1	—	—	4	—	—	—
55	5	—	—	—	1	—	—	—
65	—	—	—	—	—	—	—	—
(and upwards)								
Totals	9	7	1	2	6	5	—	—

Ophthalmia Neonatorum.—Only two cases were notified, one of which was treated at home, and the other removed to the County Hospital. Both recovered with vision unimpaired.

Scarlet Fever.—Twenty-nine cases were reported, of which 21 were removed to Hospital. Ample accommodation existed at home for the cases not removed.

Four cases were reported from one village in the early part of the year, the first patient being a boy whose sister had been in Hospital with scarlet fever in another district for three weeks. The patient was allowed to write letters home, but these were first disinfected. The patient returned home after being about eleven weeks in Hospital, and her three aunts fell in succession with scarlet fever.

Another interesting batch of cases occurred at Peaslake, where a child was discharged from the Isolation Hospital on December 24th, 1924, after having been there three months with scarlet fever. On April 1st a brother was notified, and then three other children of neighbours. No cases were known to have occurred in the locality in the meantime.

Three cases occurred in a cottage in Godalming Rural South, the first being a child who was taken ill with scarlet fever whilst staying at the seaside, but the nature of the attack was not recognised, and soon after returning home he infected his father and mother, all three being thereupon removed to Hospital.

Diphtheria.—Only nine cases were reported, of which four were removed. Three occurred at a boys' private school and four at Pirbright. On visiting the school attended by the first case notified, I found two children in attendance with commencing attacks of Diphtheria, and one on the following day. By repeated examination of the school children the outbreak was stamped out.

A meeting of parents was subsequently held at the school and addressed by the County Medical Officer, who advised them, in view of the outbreak of diphtheria, to have their children tested by the Schick test, and if found to be susceptible to diphtheria to have diphtheria prophylactic injected. A good proportion of the parents consented.

As the small outbreak was already over, there was no opportunity of testing the efficacy of the inoculation.

Of the two cases of Encephalitis Lethargica notified, one was a young woman who suddenly developed a severe attack, but slowly recovered. The other case subsequently proved to be a case of Cerebral Hæmorrhage.

The case of Acute Polio-encephalitis was a child of 4, who died after a few days' illness.

Although only four cases of Pneumonia were notified, 11 deaths were attributed to the disease.

Prevalence of Tuberculosis.—During the last six years 73 deaths from all forms of Tuberculosis were recorded, compared with 85 during the previous six years. This represents approximately rates of .73 and .54 per 1,000 population, as compared with about 1.5 and 1.1 for England and Wales for the corresponding period.

This represents a substantial reduction, being especially satisfactory in view of the fact that no specific remedy for the disease has yet been found. The use of Tuberculin has been disappointing. The disease is, however, still too prevalent, and the causes which militate against its prevention in my opinion are mainly these:—

1. In a large number of instances the attack is not recognised sufficiently early to enable a cure to be effected. One

hears of persons keeping at their work without consulting their doctor until they are quite unable to perform it, when it is usually too late to be cured. A possible remedy for this would be to make it compulsory for all insured persons to be medically examined every six months at least.

2. The second factor is that when patients are removed to Sanatorium from surroundings which are often unhygienic, they almost invariably return to those surroundings which have originally fostered the disease. A relapse is therefore only too frequent and only to be expected.

The more thorough method of dealing with these cases would appear to be, after a preliminary treatment in the ordinary sanatorium, to send them to a working Tuberculosis Colony, such as that at Papworth, Cambridgeshire. These colonies should, in my opinion, however, not be confined to the patients themselves, but should be established in the most healthy spots that can be found, where the patients could permanently reside, if necessary, with their families, and pursue their vocation, and at any rate partially earn their livings under the most hygienic conditions.

With regard to the local control of Tuberculosis, there is divided responsibility, unsatisfactory as usual, owing to the fact that the County Council undertake the treatment of the cases, and their Health Visitors carry out the necessary home visits, and there is no co-ordination of the duties of the two authorities, which are carried out quite independently by the officers of the two authorities. Since, in addition to the notifying Medical Practitioner, the house is sometimes visited by the Tuberculosis Officer and frequently by the County Health Visitor, it is most undesirable that further visitation should be inflicted on the patient. The work of the Local Authority is, therefore, practically confined to the supply of disinfectants, the disinfection of the premises on removal or death of the patient, and the correction of insanitary conditions if present.

Rainfall in 1925.

Records taken by HERBERT A. POWELL, Esq., Pilgrim Wood, Littleton, near Guildford, 320 feet above sea level.

Month.		Depth. Inches.	Greatest Fall in 24 hours. Inches.	Date.	Days with Rain.
January	...	1.95	.35	2nd	16
February	...	4.67	1.25	12th	18
March	...	.74	.17	1st	14
April	...	2.64	.90	5th	22
May	...	2.98	.42	10th	16
June	...	.07	.05	24th	2
July	...	3.90	.96	22nd	15
August	...	3.52	1.27	23rd	17
September	...	2.87	.59	22nd	14
October	...	2.78	.84	22nd	9
November	...	2.25	.59	6th	12
December	...	3.21	.61	30th	18
		<hr/> 31.58 <hr/>			<hr/> 173 <hr/>

